NO. OF COPIES RECE	NO. OF COPIES RECEIVED				
DISTRIBUTIO					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OF					
John L. Cox					
P. O. Box 22 Reason(s) for filing (Check proper be					
New Well					
` '	$\sqsubseteq$				

## NEW MEXICO OIL CONSERVATION COMMISSION

orm C-104
upersedes Old C-104 and C-110
Effective 1-1-65

-	SANTA FE	· ·	OR ALLOWABLE	Effective 1-1-65	
-	U.S.G.S.	=1	AND ISPORT OIL AND NATURAL GA	s e	
-	LAND OFFICE	_ AUTHORIZATION TO TRAN	SPORT OIL AND NATORAL GA		
-	OIL				
	TRANSPORTER GAS				
	OPERATOR				
1.	PRORATION OFFICE				
•	Operator T. J. C.				
	John L. Cox				
Γ	Address	olo Widland Marsa 70	7.0.2		
		217, Midland, Texas 79			
	Reason(s) for filing (Check proper bo		Other (Please explain)		
Ì	New We!l	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas XX Condens	dte		
	If change of ownership give name and address of previous owner				
	DESCRIPTION OF WELL AN	) LEASE			
	Lease Name	Well No. Pool Name, Including For		Lease No. LC-067775	
	USM	1 West Sawyer	(San Andres) State, Federal	er FeeFederal Ec 007775	
	Location			-	
	Unit Letter B ;	Feet From The North Line	and 1980 Feet From T	<sub>he</sub> East	
			7 - T		
	Line of Section 27	Township 9-S Range 3	7-Е , ммрм, <b>Lea</b>	County	
			_		
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of		7,144,000 (0,100 404,000 10 10 10 10 10 10 10 10 10 10 10 10		
	SCUTIOCK TES	Dasinghead Gas V of Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)	
	Name of Authorized Transporter of	Casinghead Gas S or Dr. Agas S			
	Trident NGL Inc.	Unit Sec. Twp. Rge.	10200 Grogans Mill Is gas actually connected? Whe	77387-935	
	If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.   B   27   9-S   37-E	19 day actaon, and	/14/75	
	give location of tanks.			, _ = , ,	
	If this production is commingled	with that from any other lease or pool, a	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Comple		1		
			Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Deptiii		
		Name of Fredrick Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Ony das Pay		
			L	Depth Casing Shoe	
	Perforations				
	TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TOBING SIZE			
			1		
		TOP ATTOWARTE (Total Total Land	free recovery of total volume of load oil	and must be equal to or exceed top allou	
V	. TEST DATA AND REQUEST	able for this de	pth or be for full 24 hours)		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
	Date i list ive v on item to t amount				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF	
	Actual Ploat Burning 1001				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Me , pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
				1	
<b>u</b> , .	I. CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION	
¥	. CERTIFICATE OF COMPE	ANCE	nu 104	nna	
		and completions of the Oil Conservation	APPROVED JUL 10	993, 19	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Owier St	oned by	
			Paul	Kautz	
			BY Orig. Signed by Paul Kautz Geologist		
	ı	,			
	h .		This form is to be filed in	compliance with RULE 1104.	
	Martha Wittenbach, Production Mgr.		If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.		
			All sections of this form I	just be filled out completely for allow	
		(Title)	shie on new and recompleted t	AGITA.	
	7/14/93		Fill out only Sections I,	II, III, and VI for changes of ownerter, or other such change of condition	
		(Date:	West name of number, of transpo	- be filed for each pool in multip	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

